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FAX TRANSMISSION TO USPTO

TO: Commissioner for Patents
 Attn: Examiner S. Rawlings
 Patent Examining Corps
 Facsimile Center
 Washington, D.C. 20231

FROM: Karen S. Canady
 OUR REF.: G&C 126.1-US-U3
 TELEPHONE: (310) 642-4148

Total pages, including cover letter: 21

PTO FAX NUMBER: (703) 872-9306

If you do NOT receive all of the pages, please telephone us at (310) 641-8797, or fax us at (310) 641-8798.

Title of Document Transmitted:	AMENDMENT UNDER 37 C.F.R. §1.111 INCLUDING APPENDIX, PETITION FOR EXTENSION OF TIME, AND PTO-2038 CREDIT CARD FORM IN THE AMOUNT OF \$400
Applicant:	John R. Subjeck et al.
Serial No.:	09/676,340
Filed:	September 29, 2000
Group Art Unit:	1642
Our Ref. No.:	G&C 126.1-US-U3

By: _____
 Name: Karen S. Canady
 Reg. No.: 39,927

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

 Signature

 Date

12/9/02

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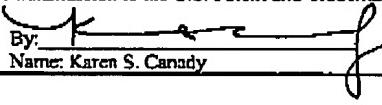
Due Date: December 9, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John R. Subjeck et al. Examiner: S. Rawlings
 Serial No.: 09/676,340 Group Art Unit: 1642
 Filed: September 29, 2000 Docket: G&C 126.I-US-U3
 Title: STRESS PROTEIN COMPOSITIONS AND METHODS FOR PREVENTION AND
 TREATMENT OF CANCER AND INFECTIOUS DISEASE

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on December 9, 2002.

By: 
 Name: Karen S. Canady

Commissioner for Patents
 Washington, D.C. 20231

Dear Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- Amendment Under 37 C.F.R. §1.111 including Appendix.
- Petition for Extension of Time under 37 C.F.R. 1.136 for 2 months.
- PTO-2038 Credit Card Payment Form for the amount of \$400.00 for the Extension Fee is enclosed herewith.

CLAIMS PRESENT

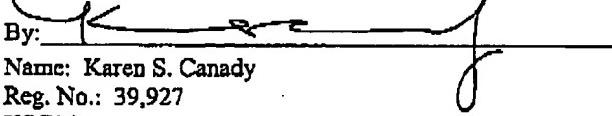
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate		Fee
Total Claims					
44	45	0	x \$18.00	=	\$0.00
Independent Claims					
2	9	0	x \$84.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$0.00
TOTAL FILING FEE					\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Please charge any additional fees or credit any overpayment to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

CUSTOMER NUMBER 22462.

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